



## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 000419  
In Re Application of: SINDHUSHAYANA et al.  
Serial Number: 09/675,704  
Filed: September 29, 2000  
Examiner: Esaw T. Abraham  
Group Art Unit: 2133

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS   | (a) Number<br>Remaining After<br>Amendment | (b) Highest<br>Number<br>Previously Paid<br>For | (c)<br>Extra<br>Claims | Large Entity Fee                      | Fee Paid        |
|--|--|---|------------------------|---------------------------------------|-----------------|
| Total*   | 40   | 39  | 1                      | x \$50 =                              | \$50.00         |
| Independent**  | 3  | 6   | 3                      | x \$200 =                             | \$600.00        |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |                        | \$360                                 | \$0             |
| EXTENSION FEES   |  |   |                        | <input type="checkbox"/> One Month    | \$120           |
|  |  |   |                        | <input type="checkbox"/> Two Months   | \$450           |
|  |  |   |                        | <input type="checkbox"/> Three Months | \$1020          |
| TERMINAL DISCLAIMER  |  |   |                        | \$130                                 | \$0             |
|  |  |   |                        | <b>TOTAL FEE</b>                      | <b>\$650.00</b> |

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$650.00.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 7/21/2005

Signature:

Jian Ma, Reg. No. 48,820  
(858) 651-5527

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Cris E. Johnson  
(type or print name)

Signature: Cris E. Johnson  
Date: 7/21/2005

## FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: \_\_\_\_\_  
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Signature: \_\_\_\_\_



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application

No. 09/675,704

SINDHUSHAYANA et al.

Examiner: Esaw T. Abraham

Filed: September 29, 2000

For: METHOD AND APPARATUS  
FOR REDUCING POWER  
CONSUMPTION OF A  
DECODER IN A  
COMMUNICATION SYSTEM

Group No. 2133

RESPONSE TO OFFICE ACTION

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

In response to a Final Action mailed on April 29, 2005, please amend the above-identified application as indicated below.

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

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**MAILING**

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**FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Cris E. Johnson  
(type or print name)

Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: 7/21/2005

Date: \_\_\_\_\_

Signature: Cris E. Johnson

Signature: \_\_\_\_\_

07/26/2005 HMARZ11 00000038 09675704

01 FC:1201 600.00 DA  
02 FC:1202 50.00 DA

7/26/2005 HMARZ11 00000038 170026 09675704

1 FC:1201 600.00 DA  
2 FC:1202 50.00 DA